

# Pharmacogenomics in the Practice of Medicine

## Challenges and Opportunities

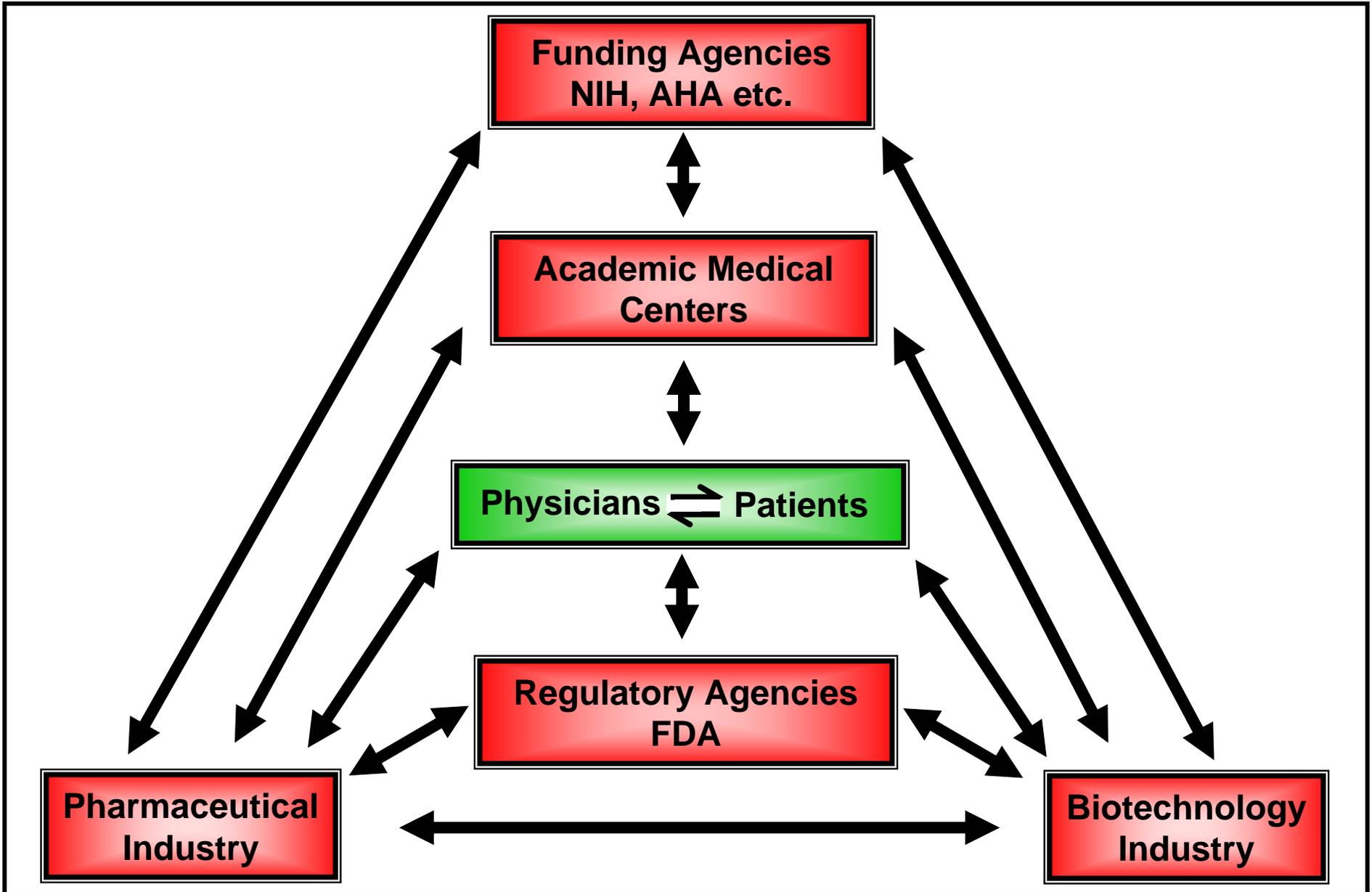
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and Experimental Therapeutics  
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Rochester, MN



# Pharmacogenomics Challenges and Opportunities

- **Basic and translational science**
- **Drug development and regulatory science**
- **Ethical, legal and social science**

# Pharmacogenomics Discovery, Translation, Application

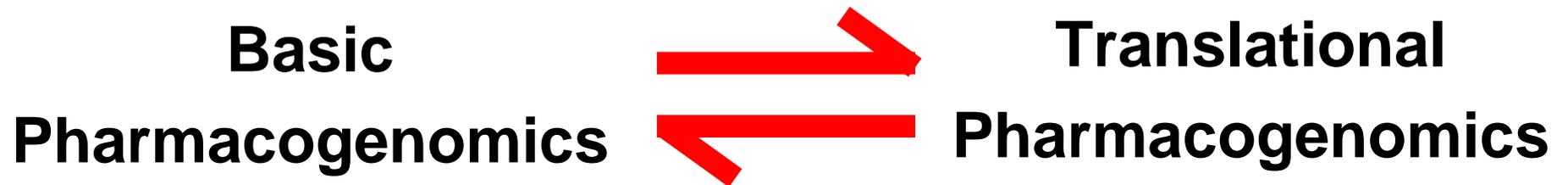


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# Pharmacogenomics

## Pharmacogenomic Research



# Pharmacogenetics

## Scientific Goal

**Correlation of variation in DNA sequence and/or structure with variation in drug response phenotype.**

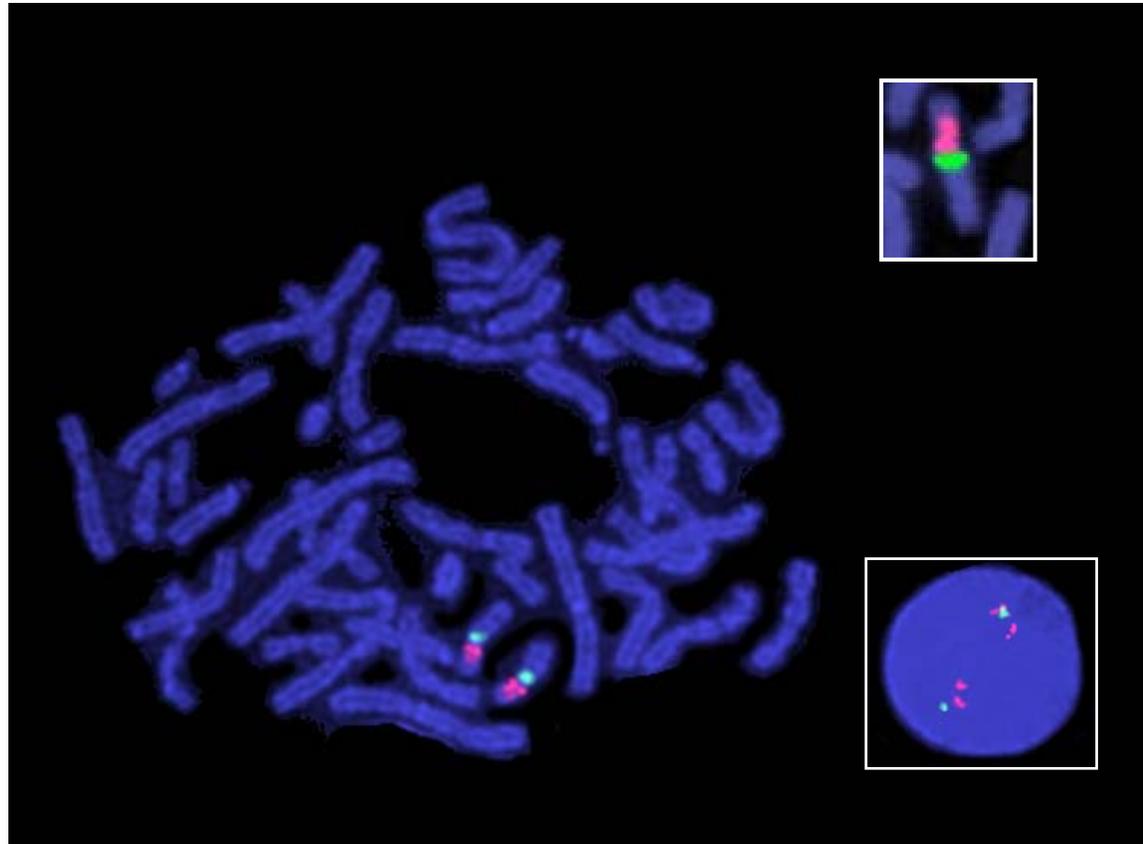
## Genotype-Phenotype Correlation

# Pharmacogenetics-Pharmacogenomics

## Genomic Variation

- **Single nucleotide polymorphisms (SNPs)**
- **Insertion-deletions (Indels)**
- **Variable number of tandem repeats (VNTRs)**
- **Gene deletion and/or duplication**
- **Large segmental duplications**
- **Gene sequence variation resulting in alternative splicing**
- **Epigenetic variation**

# Human *SULT1A3/1A4* FISH

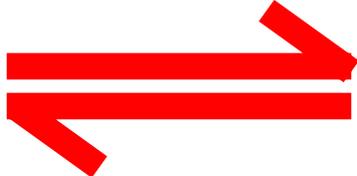


# Biomedical Research

## The NIH Roadmap

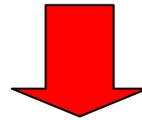
- New Pathways to Discovery – the need to understand complex biological systems.
- Research Teams of the Future – the need to explore new organizational models for team science.
- Reengineering the Clinical Research Enterprise – the need for multicenter, multigroup organization

# Complementary Pharmacogenomic Research Strategies

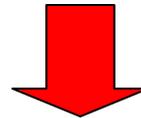
Phenotype  Genotype

# Genotype-to-Phenotype Strategy

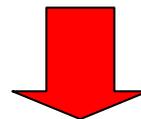
Gene sequence



Variation in gene sequence



Functionally significant  
Variation in gene sequence



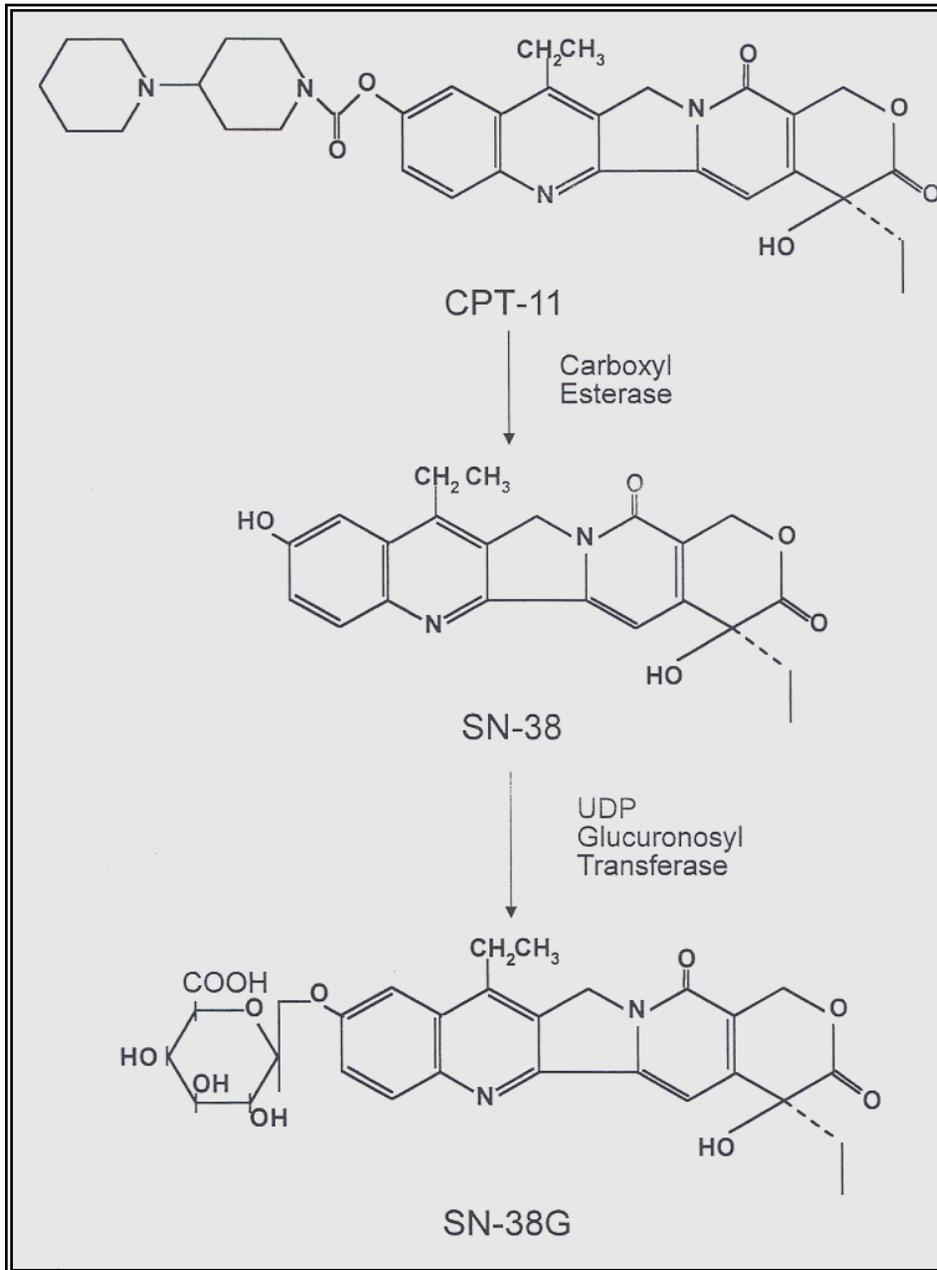
Clinical important functionally  
Significant variation in gene sequence

# Irinotecan

## Pharmacogenetics

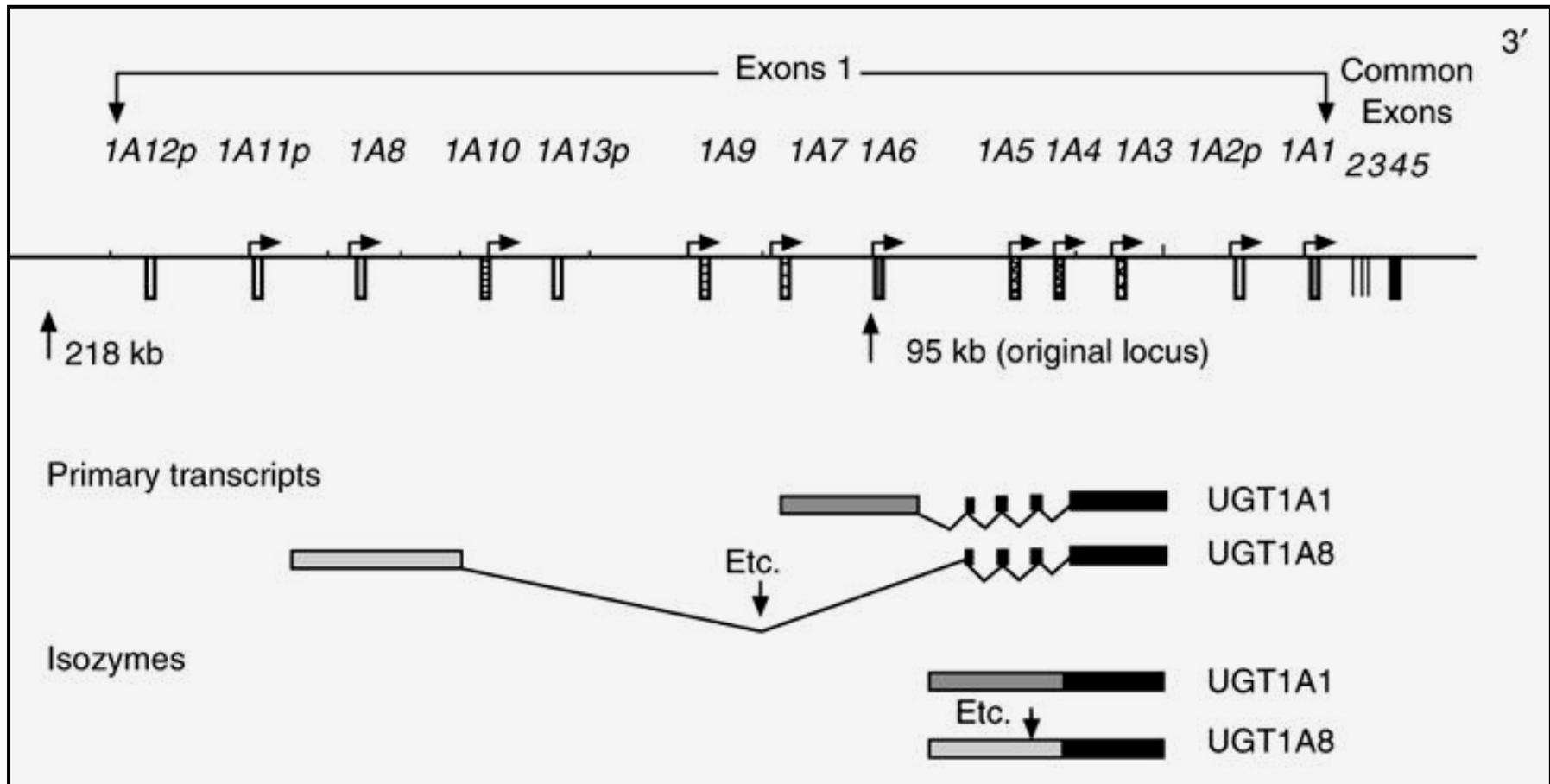
### Irinotecan

- **Camptothecin derivative**
- **Inhibits topoisomerase I**
- **Toxicity**
  - **Diarrhea**
  - **Myelosuppression**

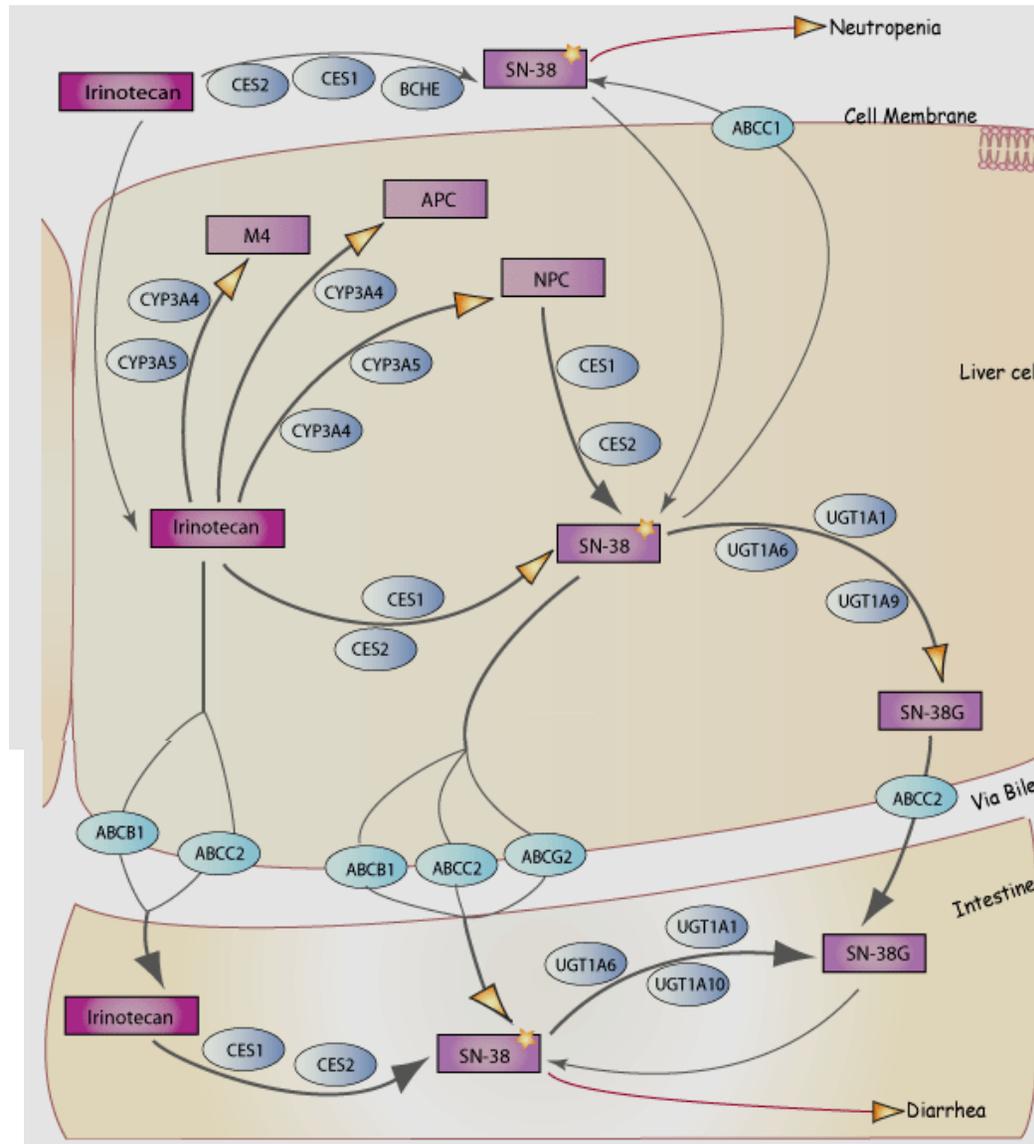


# Irinotecan Biotransformation

# Human UGT1A Locus



# PharmGKB Irinotecan Pathway



The PharmGKB is an integrated resource about how variation in human genes leads to variation in our response to drugs. [more ...](#)

### Browse:

- [Genes with PharmGKB Primary Data](#)
- [Drugs with PharmGKB Primary Data](#)
- [Genes with Genotype Data](#)
- [Diseases with PharmGKB Primary Data](#)
- [Genes with Phenotype Data](#)
- [All Pathways](#)

[more ...](#)

### Search PharmGKB:

e.g. a gene ("TPMT"), drug ("codeine") or disease ("leukemia")

Genomic data, molecular and cellular phenotype data, and clinical phenotype data are accepted from the scientific community at large. These data are then organized and the relationships between genes and drugs are then categorized into the following categories:



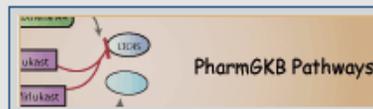
- Phenotype**
- CO** Clinical Outcome
  - PD** Pharmacodynamics & Drug Responses
  - PK** Pharmacokinetics
  - FA** Molecular & Cellular Functional Assays

### News

- [New XML Schema](#)
- [New XML Validator](#)
- [Templates](#)

### PGRN RFA

- [NIH RFA for PGRN Renewal](#)
- [PharmGKB Renewal](#)



### Useful Links

- [Download](#)
- [Coriell Sample Sets](#)
- [Phenotype Datasets](#)
- [PGRN Resources Database](#)

### Sign In

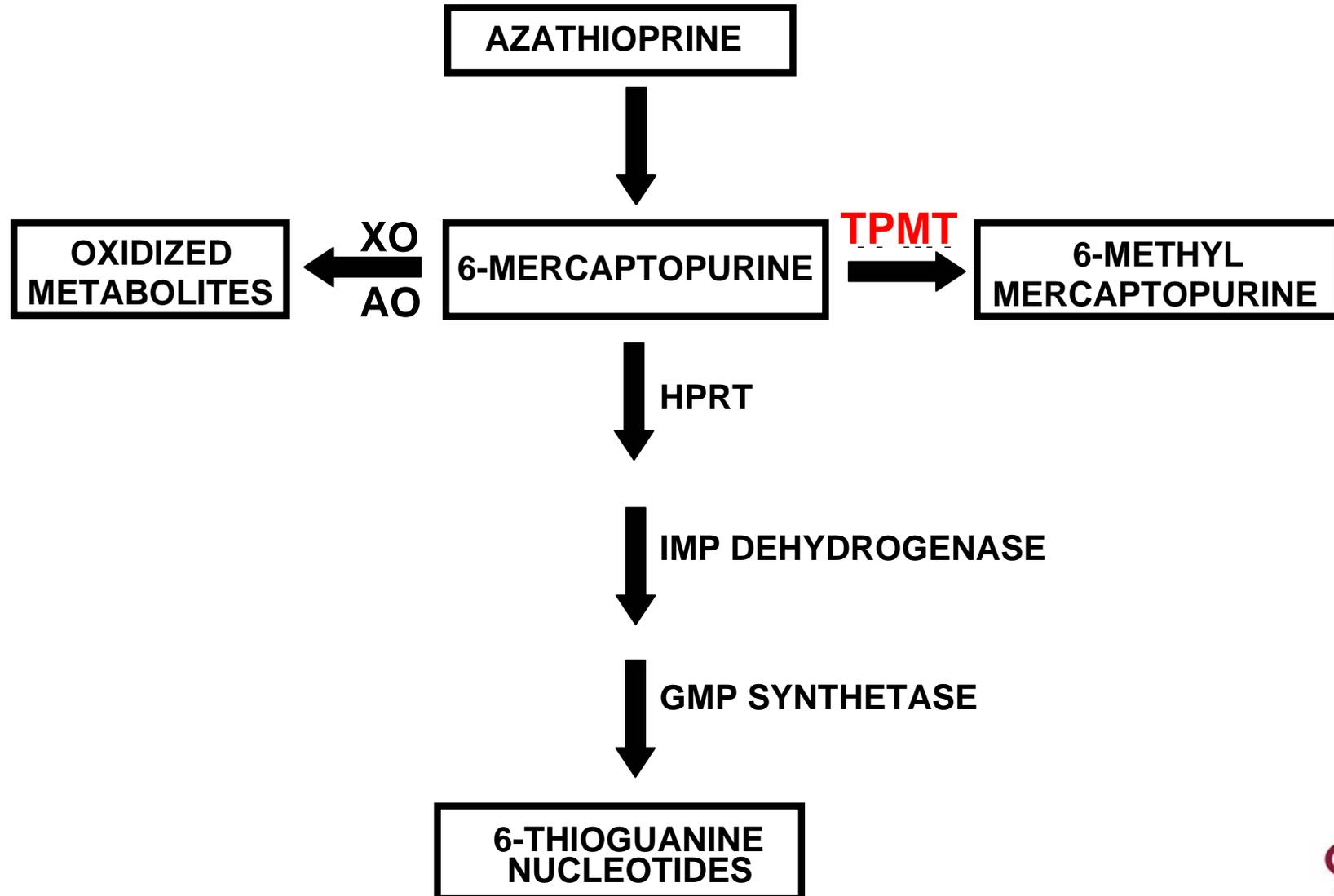
User Id:

Password:

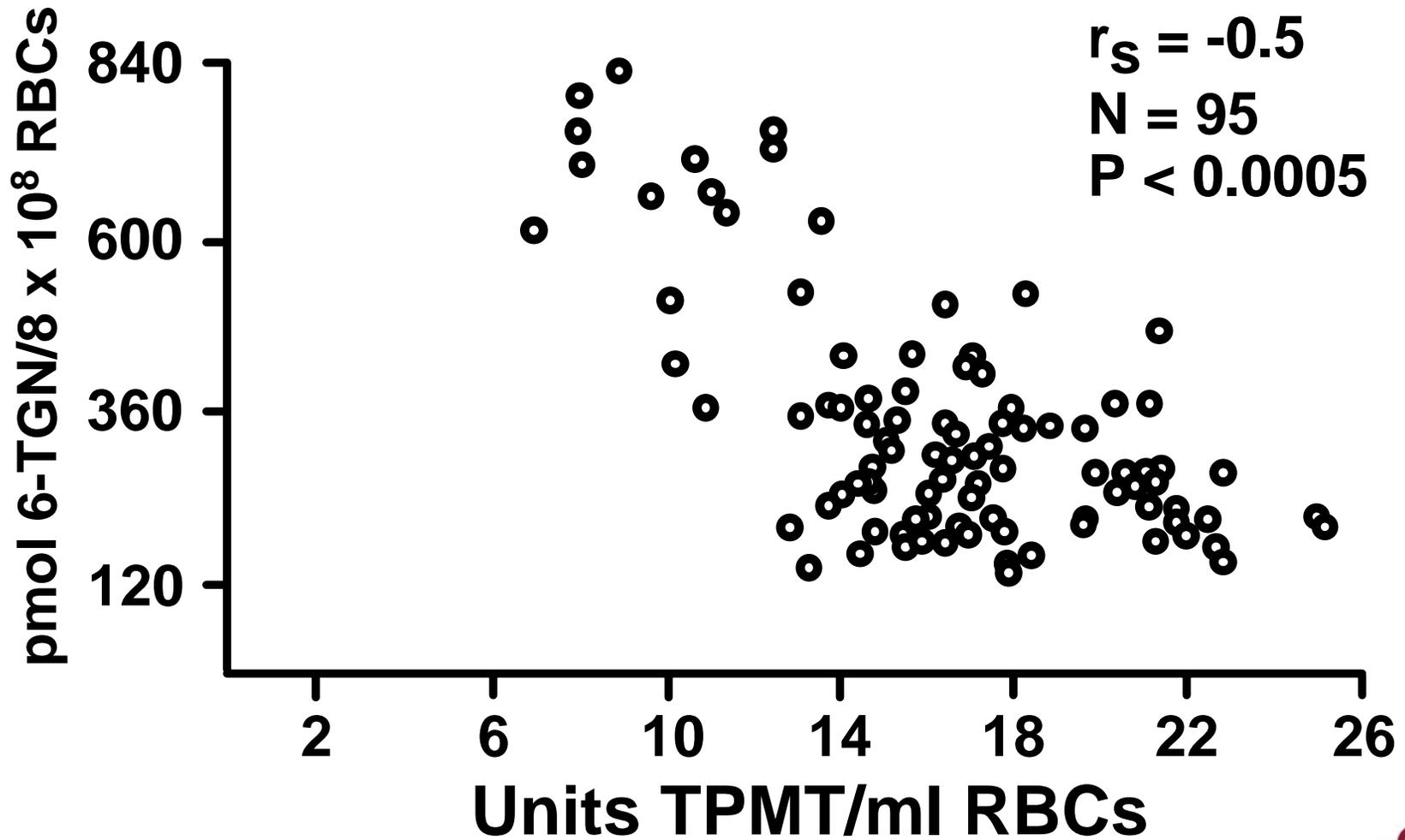
# Pharmacogenetics-Pharmacogenomics

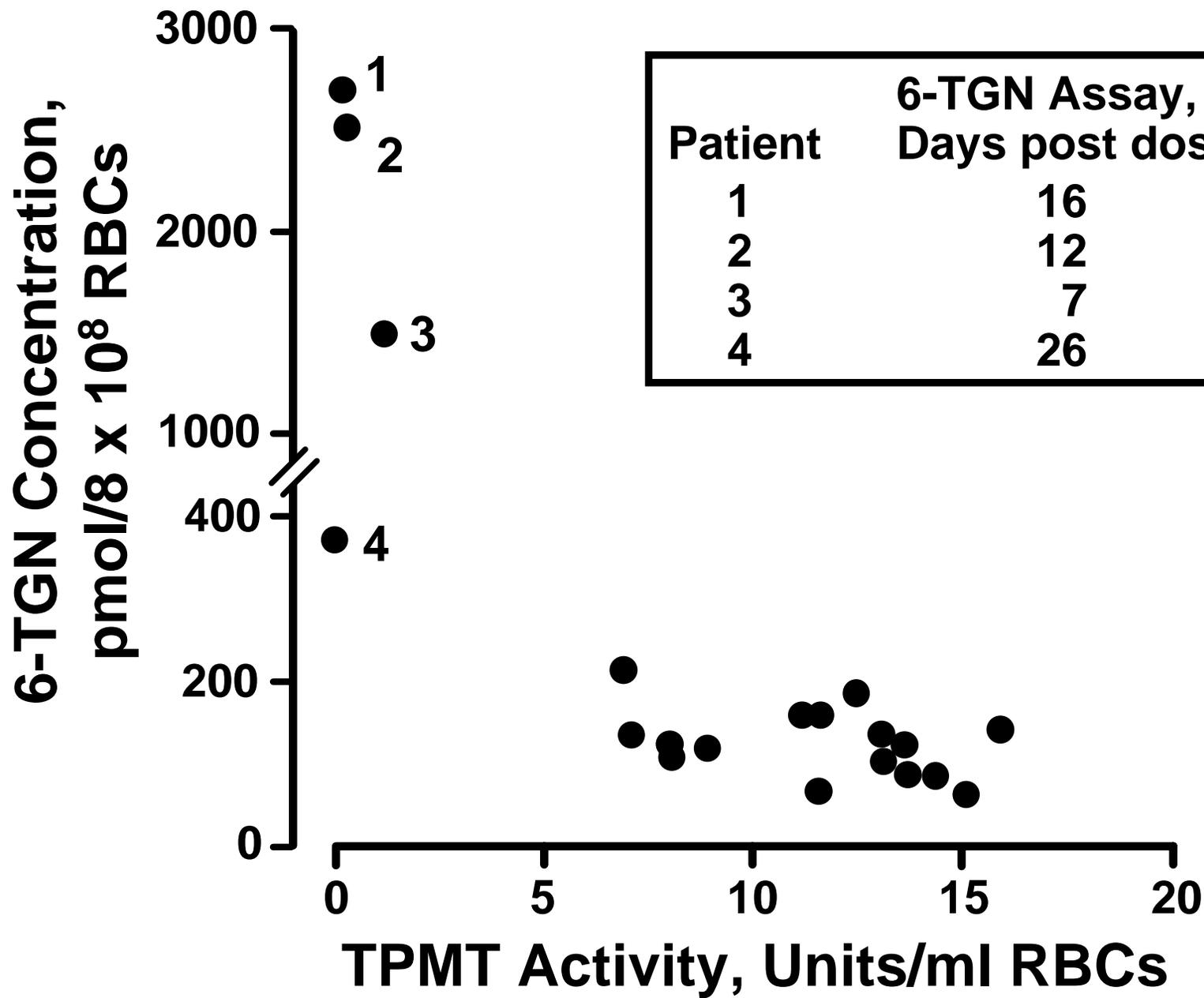
## Thiopurine Metabolism and Metabolic Activation Pathway

# Thiopurine Metabolism



# TPMT in ALL





# TPMT Pharmacogenetics

## Translational Lessons

- Importance of “intermediate phenotypes” (6-TGNs)
- Difficulty of pathway analysis

# Modified “Central Dogma”

**Genome (Genomics)**



**Transcriptome (Transcriptomics)**



**Proteome (Proteomics)**



**Metabolome (Metabolomics)**



# Pharmacogenomics Challenges and Opportunities

## Clinical Assays

- **Phenotypes -- clinical and “intermediate”**
- **Genotypes and haplotypes**
- **Development and validation**



# Pharmacogenomics

## Scientific Evolution

- **Phenotype-to-genotype → genotype-to-phenotype**
- **Monogenic traits → polygenic traits**
- **Single genes/proteins → pathways**
- **Single polymorphisms → haplotypes → genomewide screens**
- **“Mom and pop stores” approach → high throughput platforms**

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# Pharmacogenomics

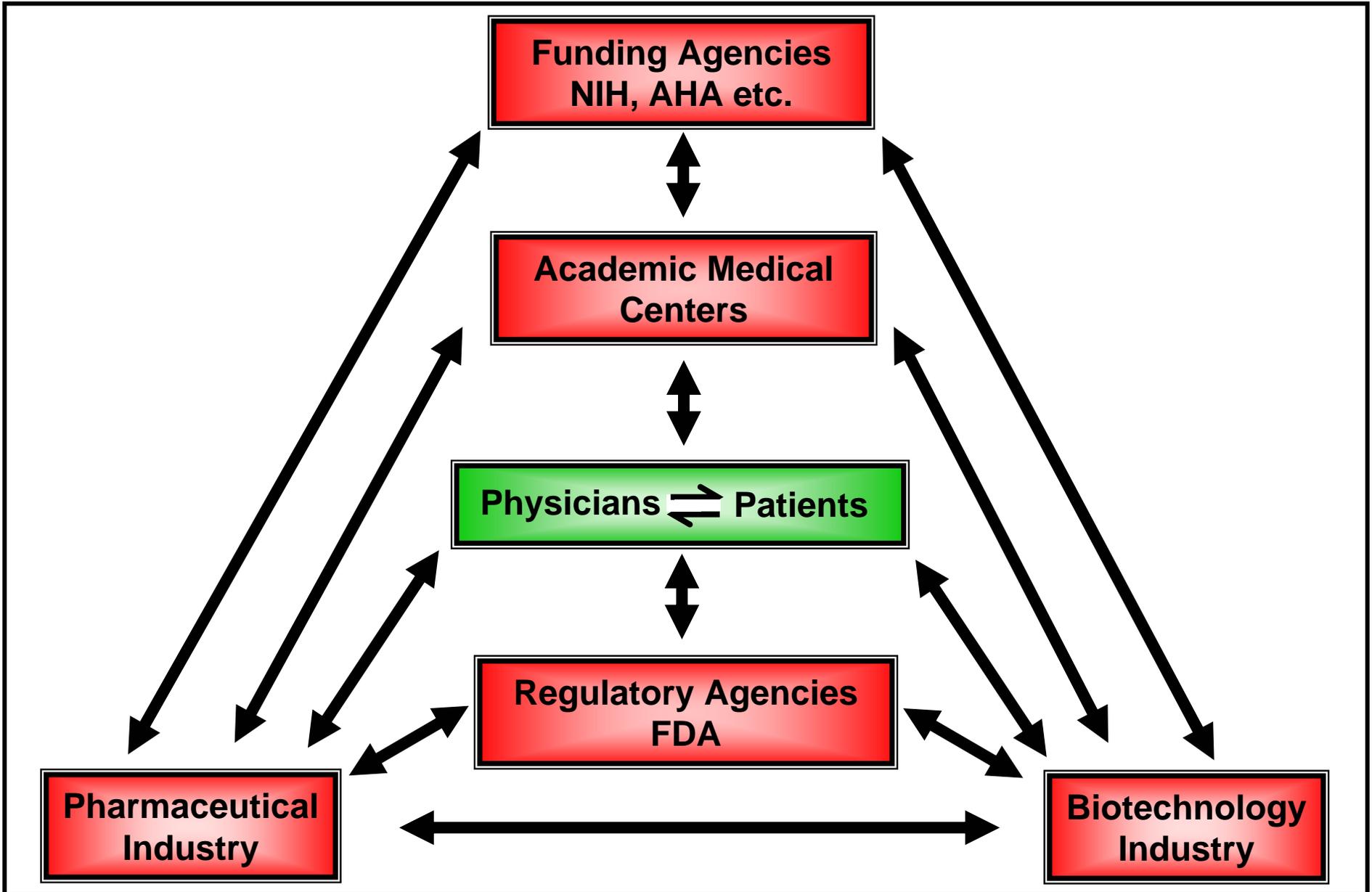
## Lack of Pharmaceutical Industry Incentives

“Another strategy....., known as **pharmacogenomics**, is to tailor drugs more precisely to the genetic profile of patients.... It’s been slow to get off the ground. ....**Business managers have been skeptical of an approach that limits the market to a subset of patients”** .

R.F. Service, “Surviving the Blockbuster Syndrome”.  
Science 303:1796-1799, 2004.



# Pharmacogenomics Discovery, Translation, Application



# PERSPECTIVES

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**OPINION**

## Translation of pharmacogenomics and pharmacogenetics: a regulatory perspective

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*Lawrence J. Lesko and Janet Woodcock*

**Abstract** | Pharmacogenomics and pharmacogenetics provide methodologies that can lead to DNA-based tests to improve

MAPS, HAPLOTYPE MARKERS and alterations in gene expression or inactivation that might be correlated with pharmacological function and ther-

**Administration** regarding the value and challenges of integrating PGx and PGt into the continuum of drug research and development and regulatory decision making; second, the major, structured approach that the FDA has undertaken to encourage the use of PGx and PGt both in drug development and clinical practice; and third, selected examples of how PGx and PGt have been used both in new drug development and in updating the labels of approved drugs. Within the context of these three areas, we will point out various challenges that drug developers, regulatory agencies, health-care providers and others will have to address in order to attain the benefits of PGx and PGt more fully.

# Pharmacogenomics Challenges and Opportunities

## Translational Science

- Drug development process
- Clinical trials -- public, private
- Public-private partnerships

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# Pharmacogenomics

## Ethical Challenges

- **Confidentiality**
- **Insurance**
- **Therapeutic “activism”**

# Genomics and Race

## New York Times Magazine

### October 10, 2004

Research scientists are increasingly studying the genetic basis of race. It could lead to better medicine, or to new kinds of stereotypes.



## The Genome in Black and White (and Gray)

By  
Robin Marantz Henig

Illustration by ——— Joel Lardner



# **New England Journal of Medicine**

## **May 3, 2001**

### **“Original Articles”**

- **Lesser response to angiotensin-converting-enzyme inhibitor therapy in black as compared with white patients with left ventricular dysfunction.**
- **Race and the response to adrenergic blockade with carvedilol in patients with chronic heart failure.**

### **“Editorials”**

- **Racial profiling in medical research.**
- **Racial differences in response to drugs -- pointers to genetic differences.**

# **New England Journal of Medicine**

## **March 20, 2003**

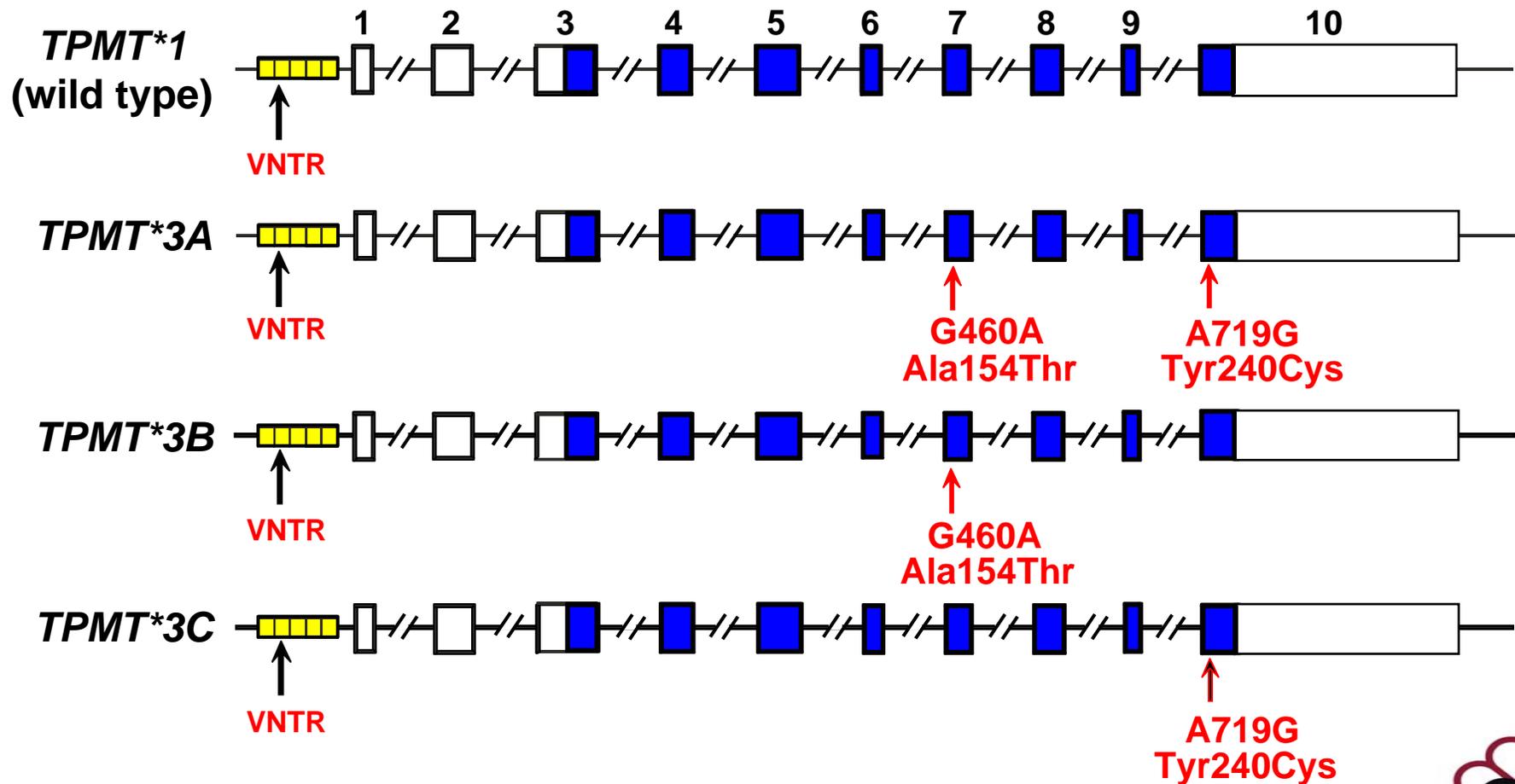
### **“Sounding Board”**

- **Race and genomics.**
- **The importance of race and ethnic background in biomedical research and clinical practice.**

### **“Perspective”**

- **Medicine and the racial divide.**

# Selected Human TPMT Alleles



# Pharmacogenomics

## Education

- Healthcare Professionals
- Patients

# Patient Factors and Drug Effect

- **Genetics**
- **Age**
- **Gender**
- **Disease**
- **Drugs**

# Pharmacogenomics

## Clinical Goals

- Avoid adverse drug reactions
- Maximize drug efficacy
- Select response patients

# Pharmacogenomics

**Genetic inheritance is only one factor in the drug response phenotype**

**but**

**understanding is increasing rapidly and the promise for enhanced drug safety and efficacy is real**

# Pharmacogenomics

## The Future

### The Vision

The **right** drug, at the **right** dose for **every** patient.